

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER NATIONAL ORGANIZATION FOR MARRIAGE CALIFORNIA, SPONSORED BY NATIONAL ORGANIZATION FOR MARRIAGE			Date of This Filing 04/23/2008	Date Stamp Page 1 of 6	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916)/47-3-4298	I.D. NUMBER (if applicable) 1303282		Report No. 1		
STREET ADDRESS			<input checked="" type="checkbox"/> Amendment to Report No. 001 <small>(explain below)</small>		
CITY SANTA ANA	STATE CA	ZIP CODE 92701	No. of Pages 6		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
04/08/2008	KELLY BURT SAN DIEGO, CA 92128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DEVELOPER TRES-DAC	\$10,000.00
04/08/2008	CALIF. STATE COUNCIL KNIGHTS OF COLUMBUS FONTANA, CA 92335	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25,000.00
04/08/2008	TOM KYD POWAY, CA 92064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MEDIA DEVELOPMENT CATHOLIC EXCHANGE	\$15,000.00

*Contributor Codes

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment:

Kyd contribution attributed to Margot on original report.

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04/10/2008	BARBARA CASTER EL CAJON, CA 92021	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NOT EMPLOYED N/A	\$9,100.00
04/10/2008	BRIAN CASTER EL CAJON, CA 92019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LEASING AGENT CASTER FAMILY ENTERPRISES	\$9,100.00
04/10/2008	CANDICE CASTER EL CAJON, CA 92019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NOT EMPLOYED	\$9,100.00

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04/10/2008	CHA CHA CASTER EL CAJON, CA 92019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NOT EMPLOYED N/A	\$9,100.00
04/10/2008	CHRISTINA CASTER EL CAJON, CA 92019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ACTRESS N/A	\$9,100.00
04/10/2008	CRAIG CASTER EL CAJON, CA 92019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRES. FAMILY DISCIPLECHIP MINISTRIES	\$9,100.00

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04/10/2008	JUSTIN CASTER EL CAJON, CA 92019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ACTOR N/A	\$9,100.00
04/10/2008	NICK CASTER EL CAJON, CA 92019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MANAGER FAMILY DISCIPLESHIP MINISTRIES	\$9,100.00
04/10/2008	GARY DAVIDSON ESCONDIDO, CA 92029	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CFO CASTER FAMILY ENTERPRISES	\$9,100.00

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NAME OF FILER NATIONAL ORGANIZATION FOR MARRIAGE CALIFORNIA, SPONSORED BY NATIONAL ORGANIZATION FOR MARRIAGE <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> AREA CODE/PHONE NUMBER (916)/47-3-4298 </div> <div style="width: 45%;"> I.D. NUMBER (if applicable) 1303282 </div> </div> <hr/> STREET ADDRESS <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> CITY SANTA ANA </div> <div style="width: 20%;"> STATE CA </div> <div style="width: 30%;"> ZIP CODE 92701 </div> </div>			Date of This Filing <u>04/23/2008</u> Report No. <u>1</u> <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> Amendment to Report No. <u>001</u> <small>(explain below)</small> </div> No. of Pages <u>6</u>	Date Stamp Page 5 of 6	CALIFORNIA FORM 497 For Official Use Only
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04/10/2008	KENNETH KREMENSKY EL CAJON, CA 92019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NOT EMPLOYED N/A	\$9,100.00
04/10/2008	MECHELE KREMENSKY EL CAJON, CA 92019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NOT EMPLOYED N/A	\$9,100.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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STREET ADDRESS					
CITY SANTA ANA			STATE CA	ZIP CODE 92701	

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

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